

02 16

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 499
Registrar's No. 5

1. Place of Death: (a) County Yuma (b) City or Town HYDER, S.P. Sec. (c) Location HYDER, S.P. Sec. (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution ; In Community ; In Arizona HYDER, S.P. Sec. (Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Yuma; (c) City or Town HYDER, S.P. Sec. (If outside city limits also write RURAL)
(d) Street No. ; (e) If foreign born, in U. S. A. yrs.
3. (a) FULL NAME FELIPA ACOSTA (b) If veteran name war (c) Social Security No. (If NONE write the word)

4. Sex FEMALE 5. Color or Race Mexican 6. (a) Single, married, widowed or divorced
6. (b) Name of husband or wife 6. (c) Age of husband or wife, if alive yrs.

7. Birthdate of deceased OCT 21 1940
(Month) (Day) (Year)
8. AGE: Years — Months 8 Days 10 If less than one day hrs. min.

9. Birthplace BUCKEYE MARICOPA Co., ARIZONA
(City, town or county) (State or Country)

10. Usual Occupation child

11. Industry or Business

Father { 12. Name Antonio Acosta
13. Birthplace unknown
(City, town or county) (State or Country)

Mother { 14. Maiden Name Gray Delgado
15. Birthplace Puebla, Mexico
(City, town or county) (State or Country)

16. (a) Informant's own signature O. Johnson
(b) Address Yuma, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Agua Caliente (c) Date July 11 1941

18. (a) Embalmer's Signature O. Johnson
(b) Funeral Director The Johnson mortuary
(c) Address Yuma, Arizona

19. (a) July 28 1941 (Date received local Registrar)
(b) Myron Gilmore (Registrar's Signature)

5M 100% Rag 7/11/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 10 1941
TIME (Hour and minute) 7:00 P.M.

21. I hereby certify that I attended the deceased from On July 10
41 1941
that I last saw her alive on 7-10- 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Dehydration
Emaciation

Due to Vomiting - Diarrhea
Due to Marasmus
Other conditions Poor food
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (c) Means of injury

23. Signature P. Archie Ward M. D.
Address Buckeye Date signed 7-23-41
Arizona

DURATION

2-3 days
1 week
2-3 months

PHYSICIAN

Underline the cause to which death should be charged statistically.